

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

US vs. Bujak

FOR
AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Michelle Bujak

CHARGE/OFFENSE (describe if applicable & check box)

FILED
FEB 18 2008
MAGISTRATE JUDGE MARIA VALDEZ
UNITED STATES DISTRICT COURT

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 55 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

08cr141

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed														
		Name and address of employer: _____														
	OTHER INCOME	IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment 5 yrs ago														
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How much did you earn per month? \$ 400/mo														
		IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____														
CASH	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____															
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____															
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents 0 List persons you actually support and your relationship to them _____ _____ _____														
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<table border="1"> <thead> <tr> <th>Creditors</th> <th>Total Debt</th> <th>Monthly Pay.</th> </tr> </thead> <tbody> <tr> <td>rent/lodging</td> <td>\$</td> <td>\$ 800</td> </tr> <tr> <td>food</td> <td>\$</td> <td>\$ 200</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	Creditors	Total Debt	Monthly Pay.	rent/lodging	\$	\$ 800	food	\$	\$ 200		\$	\$		\$
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food	\$	\$ 200														
	\$	\$														
	\$	\$														

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 2/18/08

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Michelle Bujak